

Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
ECHOLS, ROBERT 23 LAKEVILLE RD APT 3 JAMAICA PLAIN, MA 02130	1.NOT EMPLOYED 2.NOT EMPLOYED 3.JAMAICA PLAIN, MA	10/23/2023	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.